



CERT Session Preference:

___ Spring 2011 (T-TH)

___ Spring 2011 (Sat.)

___ Fall 2011 (T-TH)

___ Fall 2011 (Sat.)

Personal Data

LAST NAME	FIRST	M.I.	CA DRIVERS #		
ADDRESS	STREET	APT. #	DATE OF BIRTH		PLACE OF BIRTH
CITY	STATE	ZIP	PART OF A ASSOCIATION ? WHICH ONE ?		
HOME TELEPHONE	PAGER	SEX	HAIR COLOR	EYE COLOR	
EMAIL	CELLULAR	HEIGHT	WEIGHT		

Emergency Notification

NAME	
PHONE	ADDRESS

Employment Data

EMPLOYER	HOW LONG	OCCUPATION
ADDRESS	TYPE OF WORK PERFORMED	
CITY	TELEPHONE	FAX

Military

BRANCH OF SERVICE	FROM	TO
HIGHEST RANK ATTAINED	TYPE OF DISCHARGE	
SPECIAL TRAINING OR EXPERIENCE		

Special Training

FIRST AID : (CIRCLE ONE) NONE BASIC INTERMEDIATE ADVANCED	DATE OF LAST FIRST AID TRAINING
CPR : <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST CPR TRAINING
LANGUAGES SPOKEN OTHER THAN ENGLISH	
OTHER TRAINING	

Office Use Only

DATE APPLICATION RECEIVED	DATE ID CARD ISSUED	DISASTER SERVICE WORKER NUMBER
		EMERGENCY SERVICES COORDINATOR

CONTINUE ON BACK ...

Agreement

1. I will never act unprofessionally while representing the City of Newport Beach or perform any conduct which would bring discredit upon the CERT Organization.
2. I will never use or attempt to use the City of Newport Beach CERT insignia, decal, plaques, stickers or city issued equipment or any article giving reference to membership in Newport Beach CERT to influence any city employee, police or fire official during a non-emergency situation.
3. I will provide no false or misleading information on this CERT application.
4. I will never be insubordinate to CERT management or city officials during any event, disaster or drill except when compliance with orders would be criminal in nature or would endanger any person or property.
5. I will always treat my fellow CERT members, city officials, city employees, the public, and disaster victims with respect and dignity.

I will follow the CERT rules as stated.

I hereby apply for membership in the City of Newport Beach CERT organization and authorize a law enforcement agency background check. I understand that any falsification of this document will result in immediate suspension of membership in the CERT organization.

Signature: _____ Date : _____

Return this application to:

**City of Newport Beach
CERT Program
Fire Department
3300 Newport Blvd.
Newport Beach, CA 92663
(949) 644-3112**

City of Newport Beach
Emergency Services Office
Liability Contract

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by the City of Newport Beach, Fire Department, do hereby agree to this wavier and release.

I recognize that the Community Emergency Response Team (CERT) Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.) performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.) and other similar activities.

I recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

I recognize that if I am accepted for the program, I will be covered by the provisions of the Emergency Services Act in the California Government Code, during the time that I am performing approved volunteer activities. I specifically recognize that in accordance with this act, workers compensation and medical benefits shall be the exclusive remedy for any injury that I sustain in the course and scope of my approved participation in the program.

In addition, I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury, that is outside of the program related medical coverage provided through workers compensation. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive that is not covered under applicable workers compensation benefits. I agree to release the City of Newport Beach, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from any and all liability for the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to release the City of Newport Beach, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities. I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

Photo Release: I understand that from time to time Fire department representatives may photograph CERT activities and participants. By signing this form, I authorize the City of Newport Beach to use or publish any photographs taken by the City showing my participation to promote the program on the City web-site or for future publications.

CONSENT

Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM SPONSORED BY (NAME OF JURISDICTION).

NAME _____

DATE _____

SIGNATURE _____